

✓ O.K. 7-13-17

CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN

CITY OF FITCHBURG

Is This Report an Amendment: ☐ Yes ☐ No

Instructions for completing schedules are on the back of each schedule.

JUL 13 2017

RECEIVED

OFFICE USE ONLY

COMMITTEE IDENTIFICATION

Name of Committee

FRIENDS OF JULIA ARATA-FRATTA

Street Address

2911 Melissa Circle

City, State and Zip Code

Fitchburg WI 53711

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

NAME OF REPORT

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special ☐ Termination Report also complete Schedule 4  
☒ July Continuing 2017 ☐ Pre-Election  
☐ September Continuing

SUMMARY OF RECEIPTS AND  
DISBURSEMENTS

1. RECEIPTS

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ 0	\$ 7,866.44
1B. Contributions from Committees (Transfers-In)	\$ 100	\$ 700
1C. Other Income and Commercial Loans	\$ 0	\$ 0
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ 100	\$ 8,566.44

2. DISBURSEMENTS

2A. Gross Expenditures	\$ 0	\$ 7,641.03
2B. Contributions to Committees (Transfers-Out)	\$ 0	\$ 350
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 0	\$ 8,191.03

CASH SUMMARY

Cash Balance Beginning of Report	\$ 375.69
Total Receipts	\$ 100.00
Subtotal	\$ 475.69
Total Disbursements	\$ 0
<b>CASH BALANCE END OF REPORT</b>	\$ 475.69
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ 0
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 0

I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Julia Arata-Fratta

Signature of Candidate or Treasurer

Email Silarata13@gmail.com

Date: 7/13/17

Daytime Phone: 608-698-6256

NOTE: The information on this form is required by ss. 11.0204, 11.0304, 11.0404, 11.0504, 11.0604, 11.0804, 11.0904, Wis. Stats. Failure to provide the information may subject you to the penalties of ss. 11.1400, 11.1401, Wis. Stats.

**SCHEDULE 1-B**

**RECEIPTS**  
**Contributions from Committees**  
**(Transfers-In)**

Page 1 of 1

Complete Committee Name

FRIENDS OF JULIA ARATA-FRATTA

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Date	Full Name of Committee, Mailing Address and Zip Code	Amount of Contribution
4/01/17	WISCONSIN STATE COUNCIL OF CARPENTERS 115 West Main Street Madison WI 53703 Check if: <input checked="" type="checkbox"/> In-Kind <input type="checkbox"/> Loan	\$100✓
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
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	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan	
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$ 100✓
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$ 100✓